#### **Virginia Communication Plan for a Student Who is Deaf or Hard of Hearing (**Revised September 2019**)**

Student’s Name:

Date:

IDEA 2004, § (14 9d) (3) (B) (iv) Development, review, and revision of IEP.

(2) Consideration of special factors. The IEP Team must – (iv) Consider the communication needs of the child, and in the case of a child who is deaf or hard of hearing, consider the child’s language and communication needs, opportunities for direct communications with peers and professional personnel in the child’s language and communication mode, academic level, and full range of needs, including opportunities for direct instruction in the child’s language and communication mode;

The IEP Team has considered each item below:

##### I. Language and Communication Modalities

Describe the student’s preferred language and communication modality(ies). Use the key to note the student’s skill level in each blank cell in the table on the next page. Note all that apply.

**KEY:**

**E** = Emerging skills

**L** = Limited skills (*Uses in certain settings with support*)

**D** = Developing skills (*Capable but not yet Proficient*)

**P** = Proficient skills (*Uses in many settings*)The student uses one or more of the following languages/communication methods:

(Note all that apply)

| **Student’s**  **Languages/ Communication Methods:** | **Academic Language** (classroom) Receptive | **Academic Language** (classroom) Expressive | **Social Language** (non-classroom language at school) Receptive | **Social Language**  (non-classroom language at school) Expressive | **Home Language** Receptive | **Home Language** Expressive |
| --- | --- | --- | --- | --- | --- | --- |
| American Sign Language (ASL) |  |  |  |  |  |  |
| English Sign System  Type: |  |  |  |  |  |  |
| Simultaneous Communication  (sign language and spoken English) |  |  |  |  |  |  |
| Sign Supported Speech |  |  |  |  |  |  |
| Cued Speech |  |  |  |  |  |  |
| Listening and Spoken Language |  |  |  |  |  |  |
| Written English |  |  |  |  |  |  |
| Gestures/Home Signs |  |  |  |  |  |  |
| Tactile sign |  |  |  |  |  |  |
| Augmentative Assistive Communication  Type: |  |  |  |  |  |  |
| Other Language:  (e.g., French/ Spanish Sign Language) |  |  |  |  |  |  |

1. Summarize the student’s general language skill level based on formal and informal assessment results:
2. Is the language and/or mode of communication the student uses effective with his/her **family/caregivers?** Yes  No

If not, what is needed to increase the proficiency of the student-family communication?

1. Is the language and/or mode of communication the student uses effective with his/her **peers?**Yes  No

If not, what is needed to increase the proficiency of peer-to-peer communication?

##### II. Amplification/Accommodations

(Supports needed to participate and make progress in the general education curriculum)

1. Check and rate all that apply in the chart below if the student uses one or more of the following devices:

| **Devices** | Sometimes at School | Consistently at School | Sometimes at Home | Consistently at Home |
| --- | --- | --- | --- | --- |
| Personally owned hearing aid(s) |  |  |  |  |
| Hearing implant(s): BAHA, cochlear |  |  |  |  |
| Personally owned assistive listening device: |  |  |  |  |
| School-provided hearing aid(s) |  |  |  |  |
| School-provided FM system |  |  |  |  |
| School-provided sound-field system |  |  |  |  |
| Augmentative communication device |  |  |  |  |

1. Amplification device(s) used in school are monitored through:

* Independent monitoring/reporting by the student: Yes  No
* Hearing technology checks done: Yes  No 
  + Frequency (e.g., daily/weekly/monthly) by       (staff title) or       (back-up staff title)

1. Student’s level of independence with hearing technology:

Highly Dependent

Some Physical Assistance

Some Prompting

Independent

1. Assistive Devices/Services used by the student:

Captioned media: C-Print:  Interpreting/Transliteration (type:     )

CART:  Notetaker:  Visual alerts/alarms:  Other:

1. There is an alternate plan in place to maintain communication with the student if any of the following takes place:
   * Interpreter is absent: If Yes, Describe
   * Amplification device is not working: If Yes, Describe
   * FM system is not working: If Yes, Describe
   * Assistive device/service is not available: If Yes, Describe

##### III. Opportunities for Direct\* Communication

*(\*face-to-face, without use of additional source, e.g., interpreter, captioner)*

1. Instruction is given directly by a teacher proficient in the language(s) & communication mode(s) identified in Part 1 in the following settings (describe):
2. Opportunities for communication with professional staff and other school personnel proficient in the language(s) & communication mode(s) identified in Part 1 are available in the following settings (describe):
3. The student can directly communicate with peers in the language(s) & communication mode(s) identified in Part 1 in the following settings (describe):
4. The student has opportunities to meet/interact with deaf and hard of hearing role models in the following settings (describe):
5. The following supports/services are needed to increase communication proficiency of school staff and personnel:

##### IV. Academic Level

1. Does the student have the language and communication skills necessary to acquire:

* Grade-level academic skills and concepts included in the general education curriculum?

Yes  No

* Daily living/functional living skills? Yes  No

1. What supports not yet included on this form are necessary for the student to increase proficiency in language and communication skills in order to acquire or continue grade-level academic or daily living skills?

##### V. Full Range of Needs

* The IEP Team has considered the full range of needs: Yes
* Comments (optional):

This document was prepared by:

**Name:**

**Signature:**

**Title:**

**Date:**

**Student:**